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<td>PRAMIPEXOLE DI HCL Tablets 1.5MG, 90'S Bottle</td>
<td>68382-200-16</td>
<td>M817635</td>
<td>Nov-20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No. of Returns kit required: __________________________

Please mark as applicable

___ We currently do not have any inventory of the above listed Lot/bottles

___ We are notifying our customers
We have identified and notified my customers that were shipped or may have been shipped this product by______________________________;

Attached is the list of customers who received/ may have received this product. Please notify my customers.

Any adverse event associated with recalled product? ___ Yes   ___ No

If yes, please explain:

Please check appropriate box to describe your business
___ Wholesaler/Distributor
___ Retailers
___ Repackager
___ Manufacturer
___ Pharmacy- Retail
___ Hospital/ Medical Facility
___ Hospital Pharmacies
___ Medical Laboratory
___ Other: ____________________________________________________________

Name: ____________________________
Title: ____________________________
Tel Number: ______________________
Firm Name: _________________________ DEA#____________________
Address: __________________________
City/ State: _________________________

If you have not purchased, the concerned lot directly from Zydus Pharmaceuticals USA Inc., then please provide details of your wholesaler: ________________________________ (Name, City) DEA#____________________

Signature: _________________________ Date: ___________________